



## Third Party Servicer Data Form

1. What is the legal name of this company/organization?	
2. Does the company/organization have another name such as a trade name or a d/b/a name, under which the company conducts business?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please provide the names(s):	
3. When did the company/organization begin conducting business as a third party servicer on behalf of Title IV, HEA institutions?	
4. What name does the company/organization utilize to file its required annual compliance audit?	
5. What is the company's/organization's fiscal year end date?	
6. What is the company's/organization's Dun & Bradstreet (DUNS) number?	<input type="checkbox"/> N/A
7. Who are the owner/owners of this company/organization? If you need more space, please use additional space provided on last page of form or attach an additional sheet and include the following for each owner:  Name: Job Title: Business Street Address: City: State and Zip: Telephone Number (including area code xxx-xxx-xxxx): Fax Number (including area code xxx-xxx-xxxx): E-Mail Address:	

For purposes of this form, company/organization refers to an individual or a state, or a private, profit, or non-profit organization that enters into a contract or agreement with an eligible institution to administer any aspect of the institution's participation in the Title IV programs.

8. Who is completing this form?

Name: (include prefix, such as Mr., Ms., Dr.)

Job Title:

Telephone Number: (including area code xxx-xxx-xxxx)

E-Mail Address:

9. Who is the highest ranking officer (CEO/COO/President) of this company/organization?

Name:

Job Title:

Business Street Address:

City:

State and Zip:

Telephone Number: (including area code xxx-xxx-xxxx)

Fax Number: (including area code xxx-xxx-xxxx)

E-Mail Address:

10. Does this company/organization have a web site (or home page) on the Internet? ☐ Yes ☐ No

If yes, list the electronic address (URL):

11. Whom should we contact at this company/organization should we have questions regarding information on this form or need to respond to an institutional inquiry?

Name: (include prefix, such as Mr., Ms., Dr.)

Job Title:

Telephone Number: (including area code xxx-xxx-xxxx)

Fax Number: (including area code xxx-xxx-xxxx)

E-Mail Address:

12. ☐ Check here if this company/organization maintains more than one physical location (mailing address, processing center, etc.) and provide the primary contact person, address, and phone number for each location occupied. If you need more space, please use additional space provided on last page of form or attach an additional sheet and include the following for each entity:

Name: (primary contact person, include specific prefix)

Street Address:

City:

State and Zip:

Purpose of Location: (mailing address, processing center, etc.)

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13. Identify the ownership structure of this company/organization:

- ☐ For Profit
  - ☐ Corporation – Publicly Traded
  - ☐ Corporation – Not Publicly Traded
  - ☐ Partnership
  - ☐ Sole Proprietorship
- ☐ Not for Profit
  - ☐ State Owned Organization
  - ☐ State Affiliated Organization
  - ☐ Private, Not For Profit Organization

14. ☐ Check here if this company/organization owns or is owned by an eligible institution of Higher Education (regardless of percentage) and provide the name of the entity, primary contact person, phone number and e-mail below. If you need more space, please use additional space provided on last page of form or attach an additional sheet and include the following for each entity:

Institution/Organization Name:

Name: (primary contact's name, include prefix, such as Mr., Ms., Dr.)

Telephone Number: (including area code xxx-xxx-xxxx)

Fax Number: (including area code xxx-xxx-xxxx)

E-Mail Address:

Description of Relationship with the entity listed above:

15. ☐ Check here if this company/organization owns or is owned by another company/organization (regardless of percentage) and provide the name of the entity, primary contact person, phone number, and e-mail below. If you need more space, please use additional space provided on last page of form or attach an additional sheet and include the following for each entity:

Company/Corporation/Organization Name:

Name: (primary contact's name, include prefix, such as Mr., Ms., Dr.)

Telephone Number: (including area code xxx-xxx-xxxx)

Fax Number: (including area code xxx-xxx-xxxx)

E-Mail Address:

Description of Relationship with the entity listed above:

16. Please indicate the Title IV, HEA services this company/organization performs on behalf of its clients:

- ☐ Process student financial aid applications, including FAFSA or Pre-FAFSA completion services performed on behalf of an eligible institution
- ☐ Collect, review, and/or maintain supporting documentation required to process Title IV funds
- ☐ Determine student eligibility and related activities (R2T4, SAP, Verification, Professional Judgment, Dependency Override, etc.)
- ☐ Award, certify, originate, and/or disburse Title IV funds
- ☐ Delivery of Title IV credit balance refunds to students or parents (via cash, check, ACH, debit card, or other means)

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- ☐ Prepare and/or certify request for advance or reimbursement funding
- ☐ Fiscal reconciliation of Title IV, HEA program accounts
- ☐ Provide entrance and exit loan counseling, including in person, by mail, or electronically
- ☐ Federal Perkins Loan servicing
- ☐ Federal Perkins Loan collections
- ☐ Financial aid counseling, including assistance provided to students or parents in person, over the phone, or by any electronic means, including operation of call centers
- ☐ Perform default prevention management functions for Direct Loan, FFEL, and/or Perkins Loan programs, including cohort default analysis, enhanced loan counseling, delinquency assistance, development/implementation of a default management plan, and/or other default prevention outreach activities
- ☐ Preparation/dissemination of required consumer information disclosures, including general, campus crime, drug and alcohol prevention, graduation rates, placement rates and gainful employment disclosures
- ☐ Preparation and or submission of required reports including enrollment reporting to NSLDS, IPEDS, Campus Crime and Security, and FISAP reporting
- ☐ Financial aid consulting, including financial aid staffing, interim management, processing support, and/or development and maintenance of written policies and procedures
- ☐ Other, please describe:

17. Provide the names and OPE ID numbers for each client for who this company/organization contracts with to perform any aspect of the institution's participation under the Title IV, HEA programs. If you need more space, please use additional space provided on last page of form or attach an additional sheet and include the following for each client:

OPE ID	Name of College, University, Institution of Higher Education	Service Start Date	Service End Date

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**I hereby certify that, to the best of my knowledge and belief, all information in this document is true and correct. I understand that if my company/organization provides false or misleading information, the Department considers this to be a breach of the fiduciary standard of conduct and may terminate the servicer's eligibility to contract with any institution to administer any aspect of an institution's participation in the Title IV, HEA programs. I also understand that I may be subject to a fine of not more than \$25,000 or imprisonment of not more than five years, or both, for misinformation that is material to receipt and stewardship of federal student financial aid funds.**

**Signature of individual completing this form:**

**Date:**

**Signature of President/CEO/COO:  
(include prefix, such as Mr., Ms., Dr.)**

**Date:**

**Please attach a copy of this company's organizational chart with employee names and titles of those individuals who serve in a managerial or supervisory role and return this form to:**

**Third Party Servicer Oversight Group  
U.S. Department of Education  
Kansas City School Participation Division  
1010 Walnut Street; Suite 336  
Kansas City, MO 64106  
(816) 268-0543  
[fsapc3rdpartyserviceroversight@ed.gov](mailto:fsapc3rdpartyserviceroversight@ed.gov)**

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless such collection displays a valid OMB control number. The valid OMB control number for this information collection is 1845-0130. Public reporting burden for this collection of information is estimated to average 75 minutes per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. The obligation to respond to this collection is required to retain the benefit to contract with eligible institutions pursuant to 34 C.F.R. § 668.25. If you have comments or concerns regarding the status of your individual submission of this form, please contact the Third Party Servicer Oversight Group directly at (816) 268-0543 or [fsapc3rdpartyserviceroversight@ed.gov](mailto:fsapc3rdpartyserviceroversight@ed.gov)

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**Additional space for questions:**

**Q1.**

**Q2.**

**Q3.**

**Q4.**

**18.**

OPE ID	Name of College, University, Institution of Higher Education	Service Start Date	Service End Date

**Additional Clients:** 

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